

EVALUATION OF PRIVILEGES - PHYSICIAN ASSISTANTS		PERIOD		DATE		
For use of this form, see AR 40-68; the proponent agency is OTSG		FROM		TO		
RATED BY		PRIVILEGES PERFORMED BY		TREATMENT FACILITY		
TITLE						
PRIVILEGES		RECOMMENDATIONS BY DEPT./SVS. CHIEF				
Privileges evaluation will be based on thorough appraisals of clinical performance.		ACCEPT- ABLE	BORDER- LINE	UNACCEPT- ABLE	REQUIRES ADDL. EDUCATION	SELDOM EXER- CISED
<b>Clinical Privileges (Check)</b>						
	1. Patient screening to determine need for medical care.					
	2. Supervision of immunizations (AR 40-562).					
	3. Nuclear surety evaluations (AR 40-501).					
	4. Temporary profiles (not to exceed 30 days).					
	5. Diagnose and treat minor illnesses (referral will be made to a physician for conditions which do not respond to therapy with the first visit or whose cause is not immediately determined). Excludes patients returning for treatment of chronic illnesses previously documented in their medical record.					
	a. Adult					
	b. Adolescent					
	c. Pediatric (over two years of age).					
	6. Outpatient history and physical examinations.					
	7. Prescribe and administer TAB approved medications (attach listing).					
	8. Order routine laboratory test on blood, secretions, and urine.					
	9. Order X-rays of chest, abdomen, and extremities which do not require contrast material.					
	10. Other (Specify).					
<b>Inpatient Clinical Privileges (Check)</b>						
	1. Admission histories.					
	2. Physical examinations.					
	3. Routine doctor's orders.					
	4. Narrative summaries.					
	5. Other (Specify).					
<b>Procedures (Check)</b>						
	1. Wound care, debridement, and suturing of minor lacerations.					
	2. Incision and drainage abscess.					
	3. Urethral catheterization.					
	4. Administer inhalation medications.					
	5. Administer IV fluids to adults.					
	6. Nasogastric and nasopharyngeal intubations.					
	7. Stabilization of fractures.					

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8. Other (Specify).								
9. Anesthesia								
	Digital block.							
	Intercostal.							
	Local.							
Exceptions (Recommended by Department/Clinic Chief)								

COMMENTS (Borderline and unacceptable ratings will be addressed.) (Use additional sheet if needed.)